



# Building Equitable Foundations for Child Development: laying the groundwork for an integrated and proportionate system of support.

Recommendations from the Centre for Community Child Health.

Response to the Department of Social Services' Consultation Paper – Foundational Supports for children with developmental concern, delay and/or disability and their families, carers and kin.



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*The Centre for Community Child Health acknowledges the Traditional Owners of the land on which we work and pay our respect to Elders past, present and emerging.*

## Executive Summary

The Centre for Community Child Health (CCCH) welcomes the Department of Social Services' initiative to develop Foundational Supports, a transformative opportunity to improve outcomes for children with developmental concerns, delays, or disabilities. This submission draws on CCCH's 30 years of expertise in child health and development and outlines immediate and strategic recommendations to create a fair and effective support system for children and families.

### Vision and Context

Foundational Supports will serve two key groups:

1. Children previously eligible for the NDIS (predominantly within the Targeted group).
2. Children not eligible for the NDIS but who would benefit from additional support (more likely in the General and Targeted group).

To meet the developmental needs of these children, the system must adopt a developmentally appropriate, family-centred, and equity-driven approach. Foundational Supports must be integrated into universal health, education, and social service platforms to ensure all children and families receive timely, high-quality care tailored to their needs.

### Recommendations

#### 1. Now for Now: Immediate Actions

- **Strengthen the 'Seek and Respond' System:** Equip universal platforms (e.g., child and family health services, general practitioners, early childhood education, schools) to identify and respond to developmental delays and adversity, prioritising tools like the culturally safe Ages and Stages Questionnaire – Talking about Raising Aboriginal Kids (ASQ-TRAK).
- **Develop a National Framework for Foundational Supports:** Establish a proportionate universalism model to deliver scalable and tiered supports via integrated services like antenatal care, CFH services, and primary schools.
- **Monitor Progress Using Lead Indicators:** Use tools like Restacking the Odds (RSTO) to evaluate service quality, equity, and participation, enabling system responsiveness.

#### 2. Now for Later: Strategic Actions

- **Invest in Workforce Capacity:** Enhance training and resources for child and family health professionals, emphasising cultural safety, relational practice, and interdisciplinary collaboration.
- **Scale Child and Family Hubs:** Leverage the existing network of over 460 Hubs to deliver integrated health, education, and social supports tailored to local community needs.
- **Promote Digital Equity:** Expand telehealth and virtual hubs to improve access for rural and remote communities, ensuring all families can benefit from foundational supports.
- **Advance Innovation and Evaluation:** Embed a rigorous testing and evaluation framework to measure the impact of Foundational Supports, leveraging platforms like Generation Victoria (GenV) to inform continuous improvement.

CCCH commends the DSS for prioritising children's health and development through the Foundational Supports reform. We welcome opportunities to collaborate further in refining and implementing these recommendations to ensure all children and families can thrive.

## Submission to the Department of Social Services: Foundational Supports Discussion Paper

### Introduction

Foundational Supports represent a transformative opportunity to deliver better health, education, and social outcomes for children, particularly those with developmental concerns, delay, or disability.

These Supports will cater to two groups of children:

1. Children previously eligible for the NDIS (predominantly within the Targeted group).
2. Children not eligible for the NDIS but who would benefit from additional support (more likely in the General and Targeted group).

Addressing the developmental needs of these groups requires consideration of not only their individual needs but also their broader social and environmental contexts, recognising that these can exacerbate or mitigate developmental challenges. To achieve this, immediate and strategic action is essential.

The Centre for Community Child Health (CCCH) brings 30 years of expertise to this submission. Our purpose is to ensure every child thrives, and we do this by collaborating with families, practitioners, communities, and policymakers. As part of the Melbourne Children's Campus, CCCH is a research group of the Murdoch Children's Research Institute (MCRI), a clinical department of The Royal Children's Hospital (RCH), and an academic affiliate of the Department of Paediatrics at the University of Melbourne. We bring to this submission our experience in initiatives that directly aim to support children with developmental concerns, their families and carers.

These include:

1. Outpatient developmental clinics for children at the Royal Children's Hospital (RCH).
2. Partnering with early years services to improve timely care and support.
3. Building the capacity of child and family health (CFH) nursing services to identify developmental risks and respond to adversity through programs like right@home/MESCH and Healthier Wealthier Families.
4. Supporting the national network of Child and Family Hubs, which advances integrated care.
5. Developing tools like Restacking the Odds (RSTO) to improve service quality and participation.

We welcome the opportunity to contribute to the Department of Social Services (DSS) consultation on Foundational Supports. Children's needs differ from those of young people and adults, requiring developmentally appropriate, family-centred approaches. Given the need for action now, this submission outlines both **immediate actions (Now for Now)** and **strategic reforms (Now for Later)** to ensure a system of equitable, integrated, and high-quality supports for children and families.

## **RECOMMENDATION 1. NOW FOR NOW: IMMEDIATE ACTIONS THAT BUILD ON EXISTING STRENGTHS**

### **1.1 Strengthen the 'Seek and Respond' System**

Empower universal health and education platforms, such as CFH services, general practitioners (GPs), and early childhood education and care (ECEC), to act as 'seek and respond' systems. Enable professionals to address family needs directly or provide timely referrals within the service system, reducing reliance on fragmented pathways. Culturally safe tools, such as the Ages and Stages Questionnaire-Talking about Raising Aboriginal Kids (ASQ-TRAK, described below), should be prioritised to identify developmental delays early, with a particular focus on First Nations children and other priority cohorts.

### **1.2 Develop a National Framework for Foundational Supports**

Create a tiered model for Foundational Supports based on proportionate universalism, ensuring services are universally available and scaled to need. This framework should integrate universal platforms such as antenatal care, CFH services, ECEC, and primary schools, with clear pathways for more intensive support.

### **1.3 Monitor Progress Using Lead Indicators**

Embed tools like Restacking the Odds (RSTO) to monitor service quality, quantity, and equitable participation. This approach provides actionable insights to improve system responsiveness.

## **RECOMMENDATION 2. NOW FOR LATER: STRATEGIC ACTIONS FOR SYSTEMS CHANGE**

### **2.1 Invest in Workforce Capacity for Integrated Care Delivery**

Invest in training and resources for child and family health professionals, emphasising relational practice, cultural safety, and adversity-informed care. Workforce capacity building should prioritise interdisciplinary collaboration and system navigation.

### **2.2 Scale Hubs as a Core Mechanism for Tiered Service Delivery**

Utilise the existing network of over 460 Child and Family Hubs to deliver integrated health, education, and social supports. These Hubs can offer accessible, tailored services, including care navigation and social connection opportunities for families. Conduct evaluations of existing Hubs to identify best practices and guide national scaling, ensuring alignment with local community needs.

### **2.3 Promote Digital Equity for Rural and Remote Communities**

Expand digital innovations, such as virtual hubs and telehealth services, to address access barriers for families in regional and remote areas. Integrating digital solutions alongside physical services ensures no child or family is left behind.

### **2.4 Advance Australia's Innovation and Evaluation Agenda**

Embed a robust testing and evaluation agenda within the Foundational Supports reform. Platforms like Generation Victoria (GenV) offer opportunities to evaluate policy and practice changes in real time, providing data to inform future scaling and improvements.

**Summary Table of Actions**

<b>Opportunity</b>	<b>Immediate Action (Now for Now)</b>	<b>Strategic Action (Now for Later)</b>
<b>Universal health and education platforms</b>	1.1 Strengthen the 'Seek and Respond' System 1.2 Develop a National Framework for Foundational Supports	2.1 Invest in Workforce Capacity for Integrated Care Delivery.
<b>Child and Family Hubs</b>		2.2 Scale Hubs as a Core Mechanism for Tiered Service Delivery.  2.3 Promote Digital Equity (E-Hubs) for Regional and Remote Families
<b>Testing Agenda</b>	1.3 Monitor progress using lead indicators	2.4 Advance Australia's Innovation and Evaluation Agenda

**Foundational Supports as a System-Wide Opportunity**

The DSS Foundational Supports reform represents a significant opportunity to deliver fair, effective, and equitable systems of support for children and families. By building on strong universal services and embedding integrated, proportionate responses, the system can address children's developmental needs while reducing the impact of adversity.

We commend DSS for its commitment to developing Foundational Supports and welcome further collaboration to refine and implement these recommendations. Acting immediately while planning strategically will create a fair and effective system that ensures all children and families can thrive. Below we provide details on the above recommendations and answer specific questions raised in the Discussion paper.

## **RECOMMENDATION 1. Now for Now: Immediate Actions That Build on Existing Strengths**

### **1.1 Strengthen the ‘Seek and Respond’ System**

Foundational Supports should prioritise the journey families undertake when identifying and seeking support for their children. By focusing on the lived experiences of families, we can design a system that ensures consistency, fairness, and accessibility.

Rather than creating separate, siloed systems, reforms should strengthen existing universal platforms such as antenatal care (ANC), child and family health (CFH) nursing services, primary care and early childhood education and care (ECEC). These platforms can act as a foundation for integrating General and Targeted Supports, facilitating and supporting transitions for families.

#### **Key Groups and Pathways**

Children born with Congenital Conditions: Approximately 8,300 of babies (3%) are born with significant disabilities (e.g., congenital anomalies).<sup>1</sup> These children are often identified early through ANC and connected to specialised services. Enhancing ANC platforms to include General and Targeted Foundational Supports will better address children’s needs.

Children 0–2 Years: Developmental concerns often emerge in infancy. Such concerns or delays include failure to sit or walk, to grow or to see or hear. Developmental delays or concerns that emerge in this group are more likely (although not absolutely) to require NDIS or more Targeted Foundational supports. The identification of delays or concerns in this age-group relies heavily on:

- Parental concerns.
- Health checks by CFH nurses and GPs.
- Professional observations by ECEC educators.

Systems that combine ‘seek and respond’ approaches within universal services ensure that families remain connected to holistic care. Over-reliance on ‘seek and refer’ models risk creating disconnected, inequitable pathways.

Children 2–5 Years: In Australia, 11% of children (33,000) start school developmentally vulnerable on at least 2 of 5 developmental domains,<sup>2</sup> and 14,000 children live with a diagnosed special health care need.<sup>3</sup> These proportions are socially distributed, with children living in the least advantaged areas

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<sup>1</sup> Australian Institute of Health and Welfare (2024). *Congenital anomalies in Australia – AIHW analysis of the national congenital anomalies data collection (NCADC)*. Web report. <https://www.aihw.gov.au/reports/mothers-babies/congenital-anomalies-in-australia/contents/congenital-anomalies-in-australia>

<sup>2</sup> Commonwealth of Australia (2022). *Australian Early Development Census National Report 2021*. Department of Education, Skills and Employment, Canberra, ACT.

<sup>3</sup> O’Connor M., O’Connor E., Quach J., Vashishtha R. & Goldfeld S. (2019). Trends in the prevalence and distribution of teacher-identified special health-care needs across three successive population cohorts. *Journal of Paediatrics and Child Health*, 55, 312-319, doi:10.1111/jpc.14192



experiencing three times the levels of developmental vulnerability (17.5%) than those in the most advantaged wealthiest (7.2%).

Early childhood is a critical period for identifying developmental delays, as it is when the majority of children with Foundational Support needs will emerge. Children experiencing delays or concerns in this group will consist of children who had previously been on NDIS and children who require Targeted Supports but may have previously not had access to these supports. With the decreasing use of CFH services during this period, universal platforms like ECEC are essential for detecting concerns and connecting families with integrated supports.

Children 5–9 Years: Children in this age-range experience higher rates of severe disability.<sup>4</sup> This may be due to factors including increased identification of concerns upon starting school, the availability of assistance, and considerations when asking and responding to questions about concerns in young children as children require more assistance due to this age. Schools as a universal platform, are important in ensuring school-aged children benefit from early interventions that support learning and well-being. Strengthening universal primary school platforms to deliver proportionate, tiered support is key to improving outcomes.

**Figure 1 below** provides a summary of the above pathway for children across these key age-groups.

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<sup>4</sup> ABS 2015. Microdata: disability, ageing and carers, Australia, 2015, TableBuilder. ABS cat. no. 4430.0. Canberra: ABS. AIHW analysis of ABS TableBuilder data Website: <https://www.aihw.gov.au/reports/children-youth/australias-children/contents/health/children-disabilities> (Accessed on 5/12/2024)



# PATHWAYS

*to Foundational Supports for children  
under 9 years of age*

## AT BIRTH

Approximately 3% of children are born with significant disability. Children are often identified early through antenatal care (ANC) and connected to specialised services. Enhancing ANC to include General and Targeted Foundational Supports will further address children's developmental needs.

## 0-2 YEARS

Developmental concerns/delay often emerge in infancy. Identification of concerns/delays rely on parents/carers, Child and Family Health (CFH) Nurses, GPs and professional observations by Early Childhood Education and Care (ECEC) educators. 'Seek and respond' approaches within these universal health and education platforms will ensure children receive timely Foundational Supports.

## 2-5 YEARS

Approximately 11% of children start school developmentally vulnerable on 2 of 5 developmental domains and 14,000 children live with a diagnosed special health care need. With decreasing use of the CFH system during this time, universal platforms like ECEC are essential for detecting concerns and connecting families to General and Foundational Supports.

## 5-9 YEARS

Children in this age range experience higher rates of severe disability compared to older and young age groups. Schools as a universal platform ensures school-aged children benefit from early intervention that support learning and wellbeing.

## 1.2 Develop a National Framework for Foundational Supports

Universal platforms, such as ANC, CFH services, and ECEC, are vital for delivering proportionate universalism—tailoring and delivering services and supports that are proportionate to the level of need. These systems must address the "inverse care law," whereby those with the greatest needs often have the least access. Despite the aim of universal reach for these early services, they do not have universal reach and are not equitable. To deliver effective Foundational Supports, this reform must commit to increasing the access, quality and inclusiveness of these universal systems.

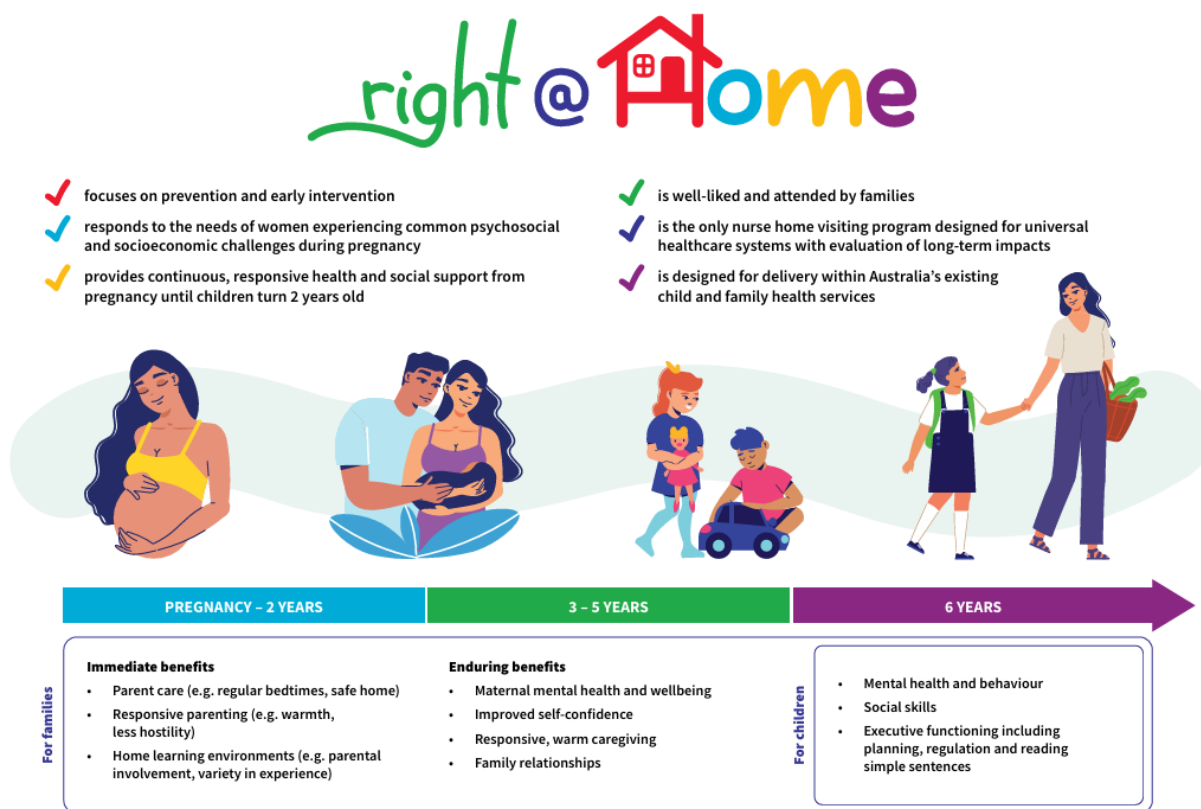
### *Two effective and scalable models of care:*

**(1) Sustained nurse home visiting (SNHV)** is a well-established model of care that helps families who are experiencing adversity (disadvantage) to overcome barriers to quality services and supports. As part of a universal response, SNHV provides intensive child and family services at home and is a key component of General Foundational Supports.

In Australia, the [right@home](#) SNHV program has been designed to optimise CFH nursing services for Australian families. Offered from pregnancy until children turn 2 years old, the program provides parents with easy access to health and social support during this extremely important time. Evaluated through Australia's only real-world randomised controlled trial of SNHV, right@home has demonstrated both immediate and long-term benefits to women, children and their families. right@home has shown to improve parenting skills and confidence, designed for very early intervention (before birth), and potential to ensure early intervention support is received. Figure 2 summarises the benefit of right@home.

right@home is also recognised internationally by USA's Home Visiting Evidence of Effectiveness (HomVEE) Platform, reviewed by US Department Health Human Services to assign funding for effective nurse home visiting programs, and delivered across countries including the UK, US and South Korea.

**Figure 2: Immediate and long-term benefits of right@home**



**(2) Wimmera By 5 Paediatric Model** is an innovative approach developed in the Wimmera Southern Mallee (WSM) region of Victoria, to address child health inequity. Children in the WSM experience poorer health and development outcomes than their urban counterparts on a range of measures. The waitlist for the regional paediatric services closest to the Wimmera is approximately 3 years and the local service is closed to behavioural and developmental referrals.

The model provides families with access to timely paediatric care and builds the capacity of local professionals and families to respond to and manage child health and development concerns. The model includes three core supports: knowledge sharing, building local paediatric capability, and co-consultations. These supports are delivered through a partnership between paediatricians based at the RCH and local professionals, such as MCH Nurses, GPs, Allied Health, Education and Social Care supported by a local implementation team and multi-agency governance structure. Co-consultations include the child and family, local health professional with RCH paediatrician joining via telehealth. This approach facilitates the provision of multi-disciplinary wrap-around care underpinned by trusted relationships with local professionals.

Early evaluation of the model highlighted a range of benefits reported by families and professionals including:

- Families having access to timely paediatric care.
- Reduced travel and costs and stress for families and children, who were enabled to participate in co-consultations as they were conducted in familiar surroundings.

Families who received care through the model reported:

- Increased reassurance and reduced stress for both parents and children.
- Enhanced skills and confidence in managing their child's health condition.
- Improved child's health due to prompt medical advice, new treatment plans, medication, and referrals.

Professionals involved in the model reported:

- Improved knowledge and understanding of other services.
- Enhanced relationships, collaboration and communication between professionals.
- Increased confidence in assessing and managing child health conditions.
- Increased families' trust in expertise of local staff

### 1.3 Monitor Progress Using Lead Indicators

As all jurisdictions have committed to significant reforms to realise a Foundational Supports system, now is the time to embed an innovative testing agenda. A 'testing agenda' commits to co-designing, monitoring and evaluating Foundational Support responses to ensure they are sufficient, effective at reducing inequities and equitably delivered. Outcome measures alone are not sufficient to enable effective Foundational Support service monitoring for service improvement. If the reform goals seek to ensure children's developmental needs are identified and addressed early, that services are good quality, and that improvements are monitored, then decision makers and frontline practitioners must be equipped with more timely and relevant data.

**Lead indicators** are predictive, actionable, and timely measures that, when combined with outcomes, enable more precise decision-making. Lead indicators allow for real-time progress tracking, fostering innovation and helping service providers identify promising actions to replicate. [Restacking the Odds](#) (RSTO) is a real-time data platform that is developed with early years and community-based services to improve the quality, quantity and participation in services. RSTO is available for antenatal care, early childhood education and care (ECEC), early years of school, sustained nurse home visiting and parenting programs. While not all service areas in the RSTO lead indicator framework are relevant for Foundational Supports, the [RSTO Indicator Framework](#) demonstrates that it is feasible and beneficial to apply a consistent framework of quality, quantity and participation domains across early childhood services.

We have further outlined the need for timely data and the resources to use data for decision-making in the article: [The right data at the right time, in the right hands supports better outcomes.](#)

## **Recommendation 2. Now for Later: Strategic Actions for Systems Change**

### **2.1 Invest in Workforce Capacity for Integrated Care Delivery**

The quality of the relationships that professionals develop with parents and caregivers affects how effective they are as helpers. Although the key elements of effective relationships are now well understood and eminently trainable, they are not necessarily easy to sustain, and policy and practice change is needed to embed effective, consistent and predictable engagement and relational practices. Effective engagement and relational practices are of particular importance for families experiencing vulnerability. For a variety of reasons, families experiencing the most vulnerabilities are the ones least likely to access and engage with services. Successfully engaging families facing multiple is critical if we are to improve outcomes for them. The more vulnerable families are, the more important it is to establish effective relationships and enable service ‘take up’.

Investing in training and resources for child and family health professionals, that emphasises relational practice, cultural safety, and adversity-informed care is critical to ensure a foundational supports system that is welcoming, safe and responsive to the needs of all children and families. Workforce capacity building should prioritise interdisciplinary collaboration and system navigation.

### **2.2 Scale Hubs as a Core Mechanism for Tiered Service Delivery**

Integrated Child and Family Hubs, also known as Integrated Child and Family Centres, provide families with access to a wide range of supports and services, all in one place. By bringing together supports across health, education and social care (Targeted Supports), as well as providing parents with the opportunity to build social connections (General Supports), Hubs can help to identify emerging issues before they become entrenched and difficult to address and help children to thrive.

Hubs also provide multiple access points—through early years services, primary schools, Aboriginal Community Controlled Organisations, and virtual platforms—acting as ‘front doors’ for families to navigate health, education, and social care systems (see Figure 3).

The challenges experienced by some children and families are complex and require an integrated response to meet their needs. Having to travel to multiple locations to access multiple services or navigate complex systems prevents families from getting the right care, at the right time. Child and Family Hubs make it easier for families to have their needs met.

Hubs have the potential to be the cornerstone of integrated, place-based support systems. Building on the existence of over 460 Hubs across Australia, there is opportunity to conduct evaluations of existing Hubs to identify best practices both in implementation and impact for children and families and guide national scaling, ensuring alignment with local community needs

Evidence from successful pilots in Marrickville, NSW, and Wyndham Vale, Victoria, shows that co-located services within Hubs enhance support for families, particularly those facing adversity. Key benefits include:

- Early identification and intervention: Practitioners more frequently ask about adversity and make referrals to financial and social supports.

- Holistic care coordination: Co-located services, such as financial counsellors and wellbeing coordinators, improve families' access to tailored, non-stigmatising care.
- Trusted relationships: Strong connections between families and practitioners foster better support for addressing challenges.

The evaluations also show that families using Hubs are more likely to receive essential services, resulting in improved parenting practices and better child mental health outcomes. Expanding these Hubs as integrated, accessible entry points will immediately enhance support for vulnerable families, leveraging existing platforms for greater impact.

**Figure 3: overview of Integrated Child and Family Hubs 'Front Doors'**



### 2.3 Promote Digital Equity (E-Hubs) for Regional and Remote Families

Child and Family eHubs complement physical hubs by offering a digital gateway for families to access evidence-based information, resources, and programs, as well as facilitated parenting groups and social connections both online and in person. As show in Figure 4, these platforms provide flexible, tailored support through a tiered model based on family needs:

- Tier 1: Self-navigation for all families.
- Tier 2: Guided chatbot technology for additional support.
- Tier 3: Assistance from human navigators for those with higher needs.

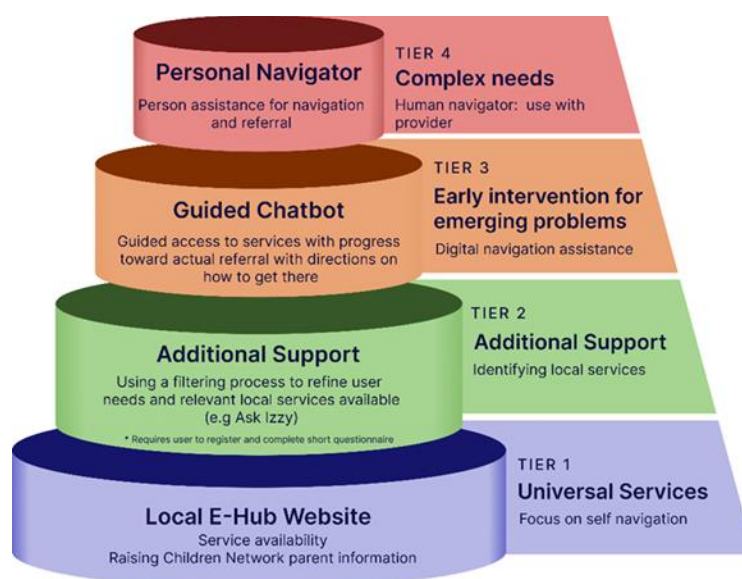
The Child and Family eHub leverages advanced digital technology to create an accessible, user-friendly experience. Pilots in NSW and Victoria have successfully co-designed a novel eHub tailored to local communities, addressing issues such as diversity, rurality, and service reach.

As the only Australian digital platform connecting users to local services through a website or app, the eHub offers a unique advantage by:

- Targeting the specific needs of vulnerable families with young children.
- Providing varying levels of navigation based on individual needs.
- Integrating with physical hubs to deliver holistic, community-specific solutions.

eHubs offer a low-stigma, high-reach solution to connect families with the support they need, acting as a seamless digital gateway to physical Child and Family Hubs for more comprehensive, integrated care. Immediate action should focus on scaling these platforms nationally, ensuring families can easily navigate support systems wherever they are.

**Figure 4. Tiers of a child and family e-Hub system navigation tool.**



## 2.4 Advance Australia's Innovation and Evaluation Agenda

The MCRI's Generation Victoria (GenV) cohort has the capacity to monitor and evaluate policy and practice changes at a state, to inform efficient national scaling. GenV is the largest child and parent research project in the world, aiming to advance health and wellbeing in areas such as children's learning, development and mental health. With three years of active field work and \$80 million of existing investment, GenV has recruited 120,000 children and parents. It is uniquely positioned to evaluate the effects of Foundational Support responses, enabling policy makers and practitioners to integrate the evidence produced by the platform as it emerges.



## Response to Consultation Paper Questions

### Section 1. Scope and intended outcomes for General and Targeted Foundational Supports

#### ***Question 1: Is the broad focus and scope in line with what you expected? Are there any gaps?***

Overall, we support the intended outcomes outlined in the consultation paper for children; for parents, carers, families and kin; and service providers, professionals and community organisations.

#### ***Question 2: Are the intended outcomes the right ones? Are there any gaps? How would you measure them or like to see progress and improvements measured?***

Outcome measures alone are not sufficient to enable effective Foundational Support service monitoring for service improvement. If the reform goals seek to ensure children's developmental needs are identified and addressed early, that services are good quality, and that improvements are monitored, then decision makers and frontline practitioners must be equipped with more timely and relevant data. We recommend the RSTO lead indicator framework (see above).

### Section 2: General Foundational Supports

#### ***Question 1: What supports have you found useful that you think other parents and carers may need?***

RSTO researched parenting programs designed to support parents of children with behavioural issues (note: programs designed for children with other developmental delays and/or disability were not included in this research). Programs which were supported by evidence for their effectiveness are: Child-Parent Psychotherapy, Common Sense Parenting, Community Parent Education Program, Family Check-Up, Incredible Years (standard), Parent Management Training (Oregon Model), Triple P level 4 and Tuning into Kids. Programs where evidence indicating promising effectiveness include Circle of Security, 123 Magic, 123 Magic emotion coaching, Bringing up Great Kids, Being a Parent/Empowering Parents, Empowering Communities, Cool Little Kids, Practitioner-Led Circle of Security, Triple P online and Triple P – self-directed.<sup>5</sup>

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<sup>5</sup> Molloy C., Macmillan, C., Perini, N., Harrop C., Goldfeld S. Restacking the Odds – [Communication Summary: Parenting programs: An evidence-based review of the measures to assess quality, quantity, and participation](#). Melbourne, Australia, 2019.

**Question 4: How could existing supports or services be better in meeting the needs of families who identify as First Nations**

Culturally responsive supports and services are required to meet the needs of Aboriginal and Torres Strait Islander families. Ensuring access to care that promotes cultural safety should be a priority and an important component is the provision of culturally responsive developmental tools.

The [ASQ-TRAK](#) developmental screening tool is one such tool. Culturally adapted from the widely used Ages and Stages Questionnaire, the ASQ-TRAK is the only culturally responsive developmental screening tool for Aboriginal and Torres Strait Islander children and families. The ASQ-TRAK is an easy-to-use, family centred tool which highlights a child's strengths as well as catching delays early. It is designed to be administered by interview, making caregivers co-observers in the process while supporting and teaching them about child development and their own child's skills.

With the core mission to improve equitable access to child development support, ASQ-TRAK has been developed and adapted in partnership Aboriginal and Torres Strait Islander communities and the [ASQ-STEPS Indigenous Reference Group](#), to enable early identification and therefore early access to intervention and support programs to improve developmental outcomes.

ASQ-TRAK has been taken up across all jurisdictions in Australia in health, education, community services and disability services, as well as Aboriginal Community Controlled and mainstream organisations. It is ready for scale; however, there is a need for ensuring communities and practitioners have access to training to support the faithful, and culturally responsive use of the tool. Without appropriate training there is risk that the tool is used in ways that are not consistent with these important co-designed principles.

**Question 8. What are some of the common barriers to getting supports and services for children with developmental concerns, delay and/or disability and their families (e.g. costs, transport, location or lack of inclusion)?**

**Question 9. How might these barriers be reduced?**

RSTO research into barriers and facilitators to participation in parenting programs that aim to address parenting strategies to support children with behavioural and social-emotional issues found that evidence-based parenting programs were available in many communities, most of those offered were not delivered as intended or had a limited research data supporting efficacy. The study estimated that less than only 1% of families who would benefit, receive a high-quality parenting program. This research found barriers included: parents health, concerns/distrust of the programs, low confidence in value or quality, competing caring responsibilities, other family distress, access, program format, programs not delivered as intended, poor cultural sensitivity or lack of interpreters, poor promotion, poor staff skills, venue unsuitability, lack of funding/cost to families, ineligibility (visa, exceeding health care card threshold, limits on Medicare etc).

We also know that these factors are not consistently measured – service providers and program funders do not have or use meaningful data to understand whether services are delivered with good

quality, whether families participate in the full course. There is no holistic view of whether families who would benefit from such programs are participating, which communities the programs are available in or where efforts should be directed to address gaps in good quality group programs.

We recommend that the implementation of General and Targeted foundational supports is supported by:

- Clear data framework that allows oversight of the quality, quantity and participation of these programs (see response to Recommendation 1.3 above).
- Implementation of SNHV (right@home/MECSH) within Australia's existing Child and Family health (CFH) nursing services (see response to Recommendation 1.2 above).
- Implementing the Wimmera By 5 paediatric model in regional and remote communities (see response to Recommendation 1.2 above)

***Question 12: How do we make sure families get General Foundational Supports at the time when they most need them most, such as when parents first have a concern that their child may have a developmental delay?***

We recommend physical and digital Child and Family Hubs to provide support to families (see response to Recommendations 2.2 and 2.3 above)

### **Section 3: Target Foundational Supports**

***Question 2. What would make existing supports easier to access or better connected and integrated, so families' experience a streamlined pathway(s) to Targeted Foundational Supports?***

Based on our research areas, we suggest both sustained nurse home visiting (SNHV) and Integrated Child and Family Hubs as two approaches to ensuring easier access and better connection/integration, so families' experience a streamlined pathway (see response to Recommendations 1.2 and 2.2 above).

### **Section 4: Community and Workforce**

***Question 1: How do we build the capacity of the sector and workforce, including their readiness, to support families and children under the General and Targeted Foundational Supports service offering?***

- ***How can existing workforce shortages, including workforce challenges in rural and remote communities, be addressed?***
- ***What types of training are needed to help address capability gaps or potential future market gaps in these types of supports?***
- ***Addressing getting these services to children in rural and remote areas in relation to workforce?***
- ***Are telehealth services a viable option for rural and remote families for particular types of supports, reducing the need to travel to access these supports?***

The Wimmera By 5 model (see response to Recommendation 1.2 above) shows promise for redressing the challenges above by building capacity and capability of local workforce including MCH nurses,

GPs, allied health professionals and educators via Community of Practice model; ensuring children in rural and remote areas get timely access to both General and Targeted Foundational Support, in particular specialist developmental paediatric care provided by the RCH; and demonstrate that telehealth is a viable option for rural and remote families.

Prioritising investing in training and resources for child and family health professionals, that emphasises relational practice, cultural safety, and adversity-informed care is critical to ensure a foundational supports system that is welcoming, safe and responsive to the needs of all children and families. Workforce capacity building should prioritise interdisciplinary collaboration and system navigation (refer to Recommendation 2.1 above).

***Question 2. How might we encourage innovation, quality and best practice in the delivery of Foundational Supports for children and their families?***

We recommend DSS identifies a consistent data framework of lead indicators for quality, quantity and participation for Foundational supports, and ensures service providers are equipped with the resources and capabilities required to routinely collect and act on these data at a service level (see response to Recommendation 1.3 above).

The National Quality Framework for early childhood education and care provides an example of some of the benefits of a nationally consistent approach to quality assessment - it enables service providers to understand service improvement, help families identify services that suit their children's needs, and is regulated to increase quality delivery for children. We have found that no consistent overarching framework exists for parenting programs – making it difficult for providers to understand if they are delivering a quality program or to adjust practice in a timely way.

***Question 3. What does success look like and what resources, support or contract arrangements do you think service providers need to better communicate achievements and needs, and be able to deliver services such as those outlined in this paper?***

We recommend that data collection and sharing arrangements on the above (lead indicators for quality, quantity and participation of Foundational supports) are embedded into service provider contracts. At an aggregate level, these data will also allow DSS and State and Territory partners to ensure Foundational Supports are being delivered equitably to ensure children and families who require them are receiving high quality support. This further enables DSS to monitor achievement of the priorities for the workforce mentioned in question 1 of this section (i.e. ensuring services are available in rural and remote areas).



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